Iowa Department of Administrative Services – Human Resources Enterprise



REQUEST FOR DETERMINATION OF QUALIFICATION FORM AFSCME THIRD BUMPING OPTION

This form is to be completed by AFSCME-covered employees who have been notified of layoff and are eligible to bump to a job class for which they are qualified, at the same or lower pay grade than their current job class. The job class must be in their layoff unit and the employee must be more senior than the least senior employee in the job class to which they elect to bump.

Employee Name:				SSN:			
Class from which laid off:				Pay Grade:			
Signature of Personnel Assistant:				Date:			
You n	nust follow these instruction	– – – ns when c	ompletin	g this form:			
	You must list the job classification (non-supervisory only) and pay grade for each job class in your layoff unit for which you wish to bump.						
•	Select only classes that are at the same or lower pay grade than your current job class.						
	You must meet the minimum que that job class to be eligible to be		s and poss	ess any certificate	es, licensure or other qualifica	tions required	l for
•	You must be more senior than t	he least ser	nior person	in that class to be	e eligible to bump.		
	You must list all job classes in Each class listed below must be change this list of classes.						
Priority Number	Job Classification	Pay Grade	HRE Use Only	Priority Number	Job Classification	Pay Grade	HR Use Onl
	·		ŭ		verse side of this form.		
detern Comp	lete the enclosed application nine your qualifications for lete the bumping application of your Personnel Assistant.	the job cl thorough	lasses you ily. If you	listed above. C la have questions	Certain job classes may re	quire selecti	ives.
This f	Form must be returned to your	Personne	el Assistar	nt by			
CFN 5				Stated Above Wil To Bump Will R	l Cancel Your Bumping Riglesult In Layoff.	its.	